

ADAP Enrollment Summary Checklist

Client Name _____ Social Security # _____
Date of Birth _____

Is this a new enrollment or a recertification?

☐ New ☐ Recertification

CLIENT HAS RECEIVED THE FOLLOWING:

- ☐ Prescription Benefit Card Information Form
- ☐ Verbal Explanation of ADAP Grievance Process (See Enrollment Manual)
- ☐ Notice of Privacy Practices
- ☐ List of documentation to be provided within 30 days, if applicable
- ☐ Medi-Cal Facts and Medi-Cal Rights and Responsibilities forms, if applicable
- ☐ Formulary

I have received the above documents _____

(Client Initials)

CLIENT HAS SIGNED THE FOLLOWING:

- ☐ ADAP Application
- ☐ Release of Information and Assignment of Benefits, if applicable
- ☐ Consent to Participate and Consent to Release Personal and Medical Information
- ☐ Financial Screening Form

CLIENT HAS PROVIDED THE FOLLOWING:

(Copies retained in client file)

- ☐ Proof of Medi-Cal application, if applicable
- ☐ Proof of Medi-Cal denial, if applicable
- ☐ Proof of Residency- Required
- ☐ Proof of Income- Required
- ☐ Diagnosis documentation (lab values) – Required

GENERAL:

- ☐ Ramsell Public Health Rx has been notified of client receiving a 30 day grace period, if applicable
- ☐ Ramsell Public Health Rx has been notified to remove 30 day grace period, if applicable
- ☐ Assignment of Benefits form is to be faxed to Ramsell Public Health Rx, if applicable

Enrollment Worker ID# _____